

Language Assistance Self-Assessment and Planning Tool for Recipients of Federal Financial Assistance

Part A: Self Assessment		
Section I: Demography		
Has your organization developed a demographic profile of the population served or likely to be served by your Federally funded programs and activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By primary language spoken? If Yes, list language groups and languages spoken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your institution working with any community-based organization(s) that is (are) familiar with the language needs of individuals participating in any of your programs and activities, or to whom you provide services or encounter? If Yes, describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section II: Frequency of Contact		
Does your organization have a process for surveying, collecting and/or recording primary language data for individuals that participate in your programs and activities? If Yes, describe the categories used in the collection of data, where the data resides, and who can access the data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III: Importance		
Do you conduct compulsory activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct involuntary programs or activities (like custodial interrogations, hearings, trials, evictions, etc.) or provide compulsory education or other mandatory programs or activities? If Yes, what are they?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct programs or activities that have serious consequences, either positive or negative, for a person who participates? (including, but not limited to, for example: health, safety, economic, environmental, educational, law enforcement, housing, food, shelter, protection, rehabilitation, discipline, transportation, etc.). If Yes, what are they?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you determined the impact on actual and potential beneficiaries of delays in the provision of services or participation in your programs and/or activities (economic, educational, health, safety, housing, ability to assert rights, transportation costs, etc.)? If Yes, what are they?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section IV: Resources		
Have you identified the resources needed to provide meaningful access for LEP persons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are those resources currently in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a staff member in your organization assigned to coordinate language access activities? If Yes, please identify by name or title, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you identified the points of contact where a LEP person interacts with your organization? If Yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Given the identified points of contact, is language assistance available at those points? If Yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By language spoken, how many employees in your organization fluently speak a language other than English?	Number: Language:	
What percent of the total employees in your organization are bilingual and able to competently assist LEP persons in the LEP person's language?	Per Cent:	

Section IV: Resources *(continued)*

Do you utilize employees in your organization as interpreters? (Interpreting is a different skill than being bilingual and able to communicate monolingually in more than one language.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employees within our organization provide interpreter services (check one):	<input type="checkbox"/> Some of the Time <input type="checkbox"/> Most of the Time <input type="checkbox"/> Always <input type="checkbox"/> Never	
What are the most common uses by your organization of other than employee (outside sources) language interpreter services?		
What outside sources for interpreter services do you use? (check all that apply.)	<input type="checkbox"/> Contract Interpreters <input type="checkbox"/> Telephone Services <input type="checkbox"/> Community Based organizations <input type="checkbox"/> Language Banks <input type="checkbox"/> Other (Please Specify)	
For what languages other than English are outside sources of language interpreters most commonly used? Please list. If so, how?		
Although you should not plan to rely on an LEP person's friends, family members, or other informal interpreters to provide meaningful access, are there times when you appropriately allow use of such informal interpreters? If Yes, under what circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are minors used as interpreters? If Yes, under what circumstances and how are issues such as competency, appropriateness, confidentiality, and voluntariness assessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If additional resources are needed to ensure meaningful access, have you identified the cost of those resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any limitations in resources (dollars and personnel) that could impact the provision of language assistance services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have you explored all options available to you in order to ensure the provision of language assistance services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part B: Developing a Language Assistance Plan

Section II: Planning

Have you developed a comprehensive plan for language assistance to LEP persons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization have a written policy on the provision of language interpreter and translator services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, is a description of this policy made available to the general public? If so, how and when is it made available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what languages other than English is it made available?		
Do you inform your employees of your policies regarding LEP persons? If so, how? How often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you inform your subcontractors of their obligation to provide language assistance to LEP individuals who either participate in their programs and activities and/or to whom services are provided? If so, how? How often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your subcontractors have a written policy on the provision of language interpreter and translator services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, is it distributed to the general public? If so, when and how is it made available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In what languages other than English is it made available?		
Are beneficiaries informed that they will be provided interpreting services at no cost? How are they informed and at what points of contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section II: Planning *(continued)*

Do you ensure that your translators and/or interpreters are qualified to provide interpreting services (which is a different skill than being bilingual) and understand any confidentiality requirements? If so, how?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is ability to speak a language other than English a factor in hiring decisions in your organization? If Yes, how do you identify which languages are needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ensure that your bilingual staff is qualified to provide services in another language? If Yes, how?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide written materials to the public in languages other than English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the public notified of the availability of the translated materials? If Yes, how?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List all written materials provided to the public in languages other than English and the languages for which they are available.		
Are there set criteria for deciding:		
• Which materials will be translated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Who will translate the materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• How you will assess competency to translate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Who will provide a second check on the translation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Into which language(s) the materials will be translated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all translated materials pre-tested before made final? If No, which materials are not pre-tested and why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section III: LAP Evaluation		
Do you have and use a tool for collecting data on beneficiary satisfaction with interpreter services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any grievances or complaints been filed because of language access problems? If Yes, with whom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you monitor the system for collecting data on beneficiary satisfaction and/or grievance/complaint filing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the data used as part of a review by senior management of the effectiveness of your organization's language assistance program implementation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you regularly update your LAP and assess for modifications given changing demographics, or changes or additions to your programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you obtain feedback from the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Source:

[The Interagency Working Group on LEP](#), C/O Coordination and Review Section - NYA Civil Rights Division, Department of Justice, 950 Pennsylvania Ave., NW Washington, DC 20530